

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90100 018 ***150.00

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DOCUMENT # P98000084600

1. Entity Name
VELOX SYSTEMS, INC.

Principal Place of Business

**3745 S. NOVA RD., SUITE B
PORT ORANGE FL 32119**

Mailing Address

**3745 S. NOVA RD., SUITE B
PORT ORANGE FL 32119**

2. Principal Place of Business

1825 Business Park Blvd

Suite, Apt. #, etc.

Suite A

3. Mailing Address

1825 Business Park Blvd

Suite, Apt. #, etc.

Suite A



DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach, FL

Zip

32114

Country

USA

City & State

Daytona Beach, FL

Zip

32114

Country

USA

4. FEI Number

65-0867137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURNETT, RANDOM R
501 N. GRANDVIEW AVE.
DAYTONA BCH FL 32118**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BUQUICCHIO, ANGELO
3734 S. NOVA RD., SUITE B
PORT ORANGE FL 32119

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TS
BUQUICCHIO, FRANK
3745 NOVA RD
PORT ORANGE FL 32119

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
O'CONNOR, BRIAN
3745 NOVA ROAD
PORT ORANGE FL 32119

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
GOLDSTEIN, BRETT
3745 NOVA ROAD
PORT ORANGE FL 32119

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02

Date

386-274-1860

Daytime Phone #

CR2E034 (9/01)